

Alaska Prescription Drug Monitoring Program  
Summary Prepared for Board of Examiners in Optometry  
August 2021



This report contains summary data from the Prescription Drug Monitoring Program (PDMP). Data is provided as a courtesy for the board and is intended to be used for informational purposes only.

### Notices

- We received approval for the Provider Outlier Module which will be available by October.
- Appriss is rolling out some changes to the patient report. Changes will be implemented on August 25<sup>th</sup>. Appriss is sending communication about the changes.
- License integration will be implemented in September.
- The communications module will be rolling out by the end of the year.
- We are continuing to discuss the Delinquent Reporting Notice with the states who have implemented the system and are anticipating enabling this feature. This enhancement will send notices to providers when at least one day of reporting is missed.

### Registration

#### Portal

Number of licensed Optometrists: 213  
Number of PDMP Optometrists registrations: 88  
Number of Optometrists with DEA registrations: 77

#### AWARxE (PDMP)

Number registered with the PDMP: 92

**Information on Use and MME Use are provided below as a talking point for awareness about what other boards are receiving information about.**

### Use

Review compliance of Federally Schedule II - III from October - December 2020: N/A

### MME Use (Q1/Q2 2021)

Number of patients treated with over 90 MME: N/A  
Number of patients treated with over 120 MME: N/A  
Number of patients treated with dangerous combinations (benzodiazepines and opioids): N/A  
Number of patients treated with dangerous combinations (benzodiazepines, opioids, carisoprodol): N/A

### Delinquent Reporters

Providers who directly dispense are required to report daily. No Optometrists have reported they are directly dispensing as of the date of this report.

### Recommendations

- Encourage increased reviewing, including the use of authorized delegates
- Issue periodic reminders to licensees on mandatory reviewing and reporting, as applicable
- Provide guidance to licensees on prescribing practices related to the use of dangerous combinations
- Set daily MME in regulation
- Develop a plan for communication with licensees about mandatory reporting, as applicable

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- Develop a disciplinary matrix to guide appropriate actions taken against licensees who do not comply with mandatory registration and use

**MME Use**

Q1/Q2 2021

The CDC recommends that primary care clinicians should reassess evidence of the benefits and risks to the individual when increasing dosage to greater or equal to 50 MME/day and avoid increasing to greater or equal to 90 MME/day when possible due to an increased risk of complications. The CDC also recommends avoiding concurrent benzodiazepine and opioid prescriptions, given the high risk of adverse drug-drug interactions, specifically respiratory depression and death.

CDC checklist for prescribing opioids -

[https://www.commerce.alaska.gov/web/portals/5/pub/PDMP\\_OpiodPrescribeCDC\\_06.2018.pdf](https://www.commerce.alaska.gov/web/portals/5/pub/PDMP_OpiodPrescribeCDC_06.2018.pdf)

CDC guidelines for prescribing opioids for chronic pain -

[https://www.commerce.alaska.gov/web/portals/5/pub/PDMP\\_OpiodPrescribeCDCPain\\_2018.10.pdf](https://www.commerce.alaska.gov/web/portals/5/pub/PDMP_OpiodPrescribeCDCPain_2018.10.pdf)

Provider Type	# Providers Prescribing at Least Once	# Providers Who Reviewed 0 Patients	# Providers Prescribing >90MME	# Providers Prescribing >120MME	Dangerous Combo	
					Benzo Opioid	Benzo Opioid Carisoprodol
DEN	333	54% (181)	6% (19)	2% (6)	26% (85)	0
MED	1282	29% (370)	21% (273)	13% (165)	33% (425)	2% (24)
NUR	543	18% (98)	11% (62)	8% (43)	25% (138)	1% (7)
OPT	5	80% (4)	0	0	0	0
PA	347	14% (49)	19% (67)	12% (41)	29% (99)	1% (4)
VET	193	73% (141)	4% (8)	3% (6)	5% (9)	0